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RCE#
3727

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/781,986
Filing Date	February 14, 2001
First Named Inventor	Stephen E. Moorman
Art Unit	3727
Examiner Name	S. J. Castellano
Attorney Docket Number	000242.00014

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request For Continued Examination (RCE) Transmittal		
<table><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brian E. Hanlon Registration No. 40,449
Signature	<i>Brian E. Hanlon</i>
Date	April 5, 2004

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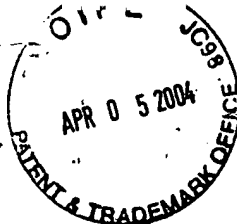
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/781,986	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Feb. 14, 2001	
		First Named Inventor	Stephen E. Moorman	
		Examiner Name	Castellano, Stephen J.	
TOTAL AMOUNT OF PAYMENT (\$)		2,780.00	Attorney Docket No.	59915 (48881)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1105 Deposit Account Name: EDWARDS & ANGELL, LLP			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s), including any and all Petitions and Extensions of Time. Fees. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 90	Provisional filing fee	
SUBTOTAL (1) (\$)			0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20** =	Extra Claims	Fee from below
Independent Claims	-3** =		
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0.00
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		2,780.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Howard M. Gitten	Registration No. (Attorney/Agent)	32,138
Signature	<i>Howard M. Gitten</i>	Telephone	(954) 667-6130
		Date	5 April 2004

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service Express Mail, Airbill No. _____ in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
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